

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION
HEALTH OCCUPATIONS CREDENTIALING

Credit Card Charge for VISA or MASTERCARD

This charge is for: _____
(please print name)

As payment of license fees for:

- ☐ Speech-Language Pathology
- ☐ Audiology License
- ☐ Dietitian
- ☐ Adult Care Home Administrator

Fee amount being paid \$ _____

VISA Card Number (required) _____

Expiration Date (required) _____

Or

MASTERCARD Number (required) _____

Expiration Date (required) _____

Name of Cardholder (required)

Signature (required)